Return to: Arkansas Department of Health - Engineering Section
4815 West Markham (MS-37), Little Rock, AR 72205

SURFACE WATER OPERATION & CHEMICAL REPORT FOR

WTP NAME _____ **PWS ID #** _____

POPULATION SERVED _____

MONTH _____ **YR** _____

DATE	Previous Meter Reading: Master Meter Reading (gal)	Previous Meter Reading: Total Treated x1000 gal	Hours Plant Run	Rainfall (in)	Temperature F or C: Air	Temperature F or C: Water	Lbs. Chemical Used (List Chemicals)						pH: Raw	pH: Set	pH: Fin	Alkalinity (ppm): Raw	Alkalinity (ppm): Set	Alkalinity (ppm): Fin	Hardness (ppm): Raw	Hardness (ppm): Set	Fluoride (ppm)	Turbidity (NTU): Raw	Turbidity (NTU): Set	Finished AM: 12 -- 4	Finished AM: 4 -- 8	Finished AM: 8 -- 12	Finished PM: 12 --4	Finished PM: 4 -- 8	Finished PM: 8 -- 12	Effluent Disinfectant (ppm) Lowest Measured Value*	Chlorite Monitoring (For Systems Using Chlorine Dioxide): Entry Point Chlorite (ppm)	Chlorite Monitoring (For Systems Using Chlorine Dioxide): Dist. Samples Collected (Y / N)	DATE
1																																1
2																																2
3																																3
4																																4
5																																5
6																																6
7																																7
8																																8
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27																																27
28																																28
29																																29
30																																30
31																																31
Total																																
Avg.																																
Max.																																
Min.																																

Total # of Finished Turbidity Values	
Number > 1 NTU	
Number > 0.3 NTU	
Percent > 0.3 NTU	

*4 Hr Effluent Residual Monitoring Required if < 0.2 PPM

Date	AM 12 -- 4	AM 4 -- 8	AM 8 -- 12	PM 12 -- 4	PM 4 -- 8	PM 8 --12	Date	AM 12 -- 4	AM 4 -- 8	AM 8 -- 12	PM 12 -- 4	PM 4 -- 8	PM 8 --12

Is booster chlorination provided?		
Yes		No

See reverse side for CT compliance, filter operation and ClO2 residual monitoring.

Comments:

I certify that the information in this report is true and accurate to the best of my knowledge. I acknowledge that any knowingly false or misleading information may be punishable under 18 USC 1001 and other applicable laws.

Signature _____ Date _____

Printed Name _____ Position: _____ License # _____

Make a copy for your records & return by the 10th of the following month to the above address.

ClO2 Residual Monitoring (ppm)				
Date	Entry Point	Distribution System		
		Pt. 1	Pt. 2	Pt. 3
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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28				
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30				
31				

Filter Operation				Turbidimeter Calibration Record	
Date	Number Used	Filters Washed	Wash Water Used x 1000	Turbidimeter Name or Number	Calibration Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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24					
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27					
28					
29					
30					
31					

SYSTEM NAME

PLANT NAME

PWS # _____ MONTH _____, _____

SWTR, IESWTR & D/DBP RULE REQUIREMENTS

Combined Filter Effluent Turbidity Monitoring

≥ 500 pop: every 4 hours (May substitute continuous)
< 500 pop: 1 per day min. if approved in writing by ADH

Turbidy Level of Combined Filter Effluent

95% ≤ 0.3 NTU

Immediately Notify
the Department of Health
whenever turbidity > 1 NTU

501-661-2623

Individual Filter Effluent Turbidity Monitoring

Continuous Monitoring -- Record values every 15 minutes *(Chart recorders recommended.)*

Maintain records on file for review during sanitary survey.

Turbidity Level of Individual Filters

(Use Separate "Individual Filter Turbidity Monitoring Report" form for reporting)

Chlorine Monitoring

Plant -	< 500 pop:	1 per day min.
	501 - 1000:	2 per day min.
	1001 - 2500:	3 per day min.
	2500 - 3300:	4 per day min.
	> 3300:	continuous

Distribution - Same time & frequency as coliform sampling. -- *(Use separate "Bacteriological Monitoring Record" form for reporting*)

Minimum Chlorine Level

Plant Effluent: Not <0.2 ppm for >4hrs.
Distribution: ≥Trace residual

If plant effluent residual <0.2 ppm, notify Department of Health and monitor every 4 hours until >0.2 ppm

CT: Monitor pH, water temperature, & disinfectant residual at prescribed points when plant is at peak flow for that day. Check compliance. Record on this form.

Chlorine Dioxide & Chlorite Monitoring

Daily at Entry Point

(ClO2 & Chlorite Monitoring only applies to systems using chlorine dioxide)

If ClO2 residual exceeds 0.8 ppm collect 3 distribution system samples on the following day. Record distribution ClO2 residuals on this form.

If Chlorite exceeds 1.0 ppm, notify the Department of Health and collect 3 distribution system samples on the following day.

ClO2 residual and Chlorite distribution system monitoring points as per ADH approved sample site plan.

Chlorite MCL -- 1.0 ppm

Maximum Residual Disinfectant Levels

Chlorine Dioxide MRDL -- 0.8 ppm (as ClO2)
Chlorine & Chloramines MRDL -- 4.0 ppm (as Cl2)

WATER QUALITY DATA FOR CT COMPLIANCE

PWS _____ ID # _____ MONTH _____ YR _____

PLANT NAME _____

DATE	Peak Raw / Plant Flow Rate (GPM)	Peak High Service Flow Rate (GPM)	Minimum Clearwell Level* (FEET)	Water Temp. Degrees F or C	(RECORD DISINFECTANT INJECTION POINTS BELOW) (RECORD MONITORING LOCATIONS BELOW) pH	Free Cl2 Residual (ppm)	pH	Free Cl2 Residual (ppm)	pH	Free Cl2 Residual (ppm)	Was compliance met this date? (Yes / No)	Percent Compliance
1												
2												
3												
4												
5												
6												
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31												

*Applicable only if minimum clearwell level must be maintained for compliance.

Comments _____

The above figures are true and accurate to the best of my knowledge.

SIGNATURE _____ POSITION _____